

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>2220</i>	<i>10-30-00</i>
O.I.P.E. CLASSIFIER		<i>42</i>	<i>11/14</i>
FORMALITY REVIEW	<i>Chafale</i>	<i>TC826</i>	<i>12-21-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled    A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Final	Original	Date
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33	✓	✓	✓
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37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
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49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
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